

FILED MAY 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13681

State File No.

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5650 Registrar's No. 328

0551
0

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mount Vernon, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cabool, Missouri</u> <u>1070</u>	
c. LENGTH OF STAY (In this place) <u>39 days</u>		d. STREET ADDRESS (If rural, give location) <u>913 Cherry</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Mo. State Sanatorium</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Darell</u>	b. (Middle) <u>Keith</u>	c. (Last) <u>White</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 6 1950</u>
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> <u>0</u>	8. DATE OF BIRTH <u>2-28-49</u>
9. AGE (In years last birthday) <u>1 yr.</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Springfield, Missouri</u> <u>0</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>James White</u>	
13b. MOTHER'S MAIDEN NAME <u>Goldie Rimmel</u>		14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Ann Wilson, Record Clerk, Mt. Vernon</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculous Meningitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>abt 2 mths</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>010X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 28, 1950, to May 6, 1950, that I last saw the deceased alive on May 6, 1950, and that death occurred at 11:00am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>P. A. Brasler M.D.</u>	23b. ADDRESS <u>Mt. Vernon, Mo.</u>	23c. DATE SIGNED <u>May 6, 50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>May 6, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cabool Mo.</u>
24d. LOCATION (City, town, or county) (State) <u>Cabool Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>May L. Fossett</u>	

DATE REC'D BY LOCAL REG. <u>May 8, 1950</u>	REGISTRAR'S SIGNATURE <u>Caril Hendricks</u>	ADDRESS <u>411</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAY 9 1950

District Health Office No. 6,

District File Number 550-567

Date Filed 5-9-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address McDonough, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.